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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		DIVISION	OF CORPORATIONS			
DOCUI . Corporation	MENT # J135	66 (1))			
DEKA	A PAYMENT PLAN, INC.					
rincipal Place	of Business EEN B. KANE	Mailing Address * KATHLEEN B.	VANE	f (80)(110 &(6) (1108 & (1108 B)(110 B)	11 0 B111 815 11 01811 B1011 011)
2500 NOR1	TH POWERLINE RD.	2500 NORTH POV	WERLINE RD.			
POMPANO	BCH. FL 33069	POMPANO BCH.	FL 33069	3. Date Incorporated or Qualified	3a. Date of Last Re	
				05/09/1986	03/16/1	995
- Principal Pla -	ace of Business	2a. Mailing Address		4. FET Number 59-2686015	├	Applied For
Suite, Apt.	#. etc.	26 Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	Not Applicable Additional
· · · · · · · · · · · · · · · · · · ·		27		5. Certificate of Status Desired		Required
City & State	e	City & State		6. Election Campaign Financing	\$5.0	May Be
7	Country	28	The Samuel Commission	Trust Fund Contribution		to Fees
Zip	Country 25	Ζφ 29	Country 30	8. This corporation has liability or in Florida Statutes V Yes	ntangible tax under s No	199.032,
	9. Name and Address of Curre			10. Name and Address of New R		
			81 Name			
	SON, KATIE KANE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	lo;	
	NORTH POWERLINE RD.			·		
PUMP	'ANO BCH. FL 33069		83			
- 41111			84 City		EI 85 Z¢	o Code
. Pursuant t	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was autho	atutes, the above named corporation's bo	poration submits this statement for the pur poard of directors. Thereby accept the appo	pose of changing its r	egistered offic
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SIGNATURE: SIGNATURE AND TYPED OF PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96